

# New Hampshire Department of Education Council for Teacher Education

## On-Site Professional Educator Preparation Program Review Request

On-site reviews are arranged by the New Hampshire Department of Education in cooperation with the New Hampshire Council for Teacher Education. All professional educator preparation programs must be approved by the New Hampshire State Board of Education prior to implementation.

Institution requesting review: \_\_\_\_\_

Institutional program coordinator: \_\_\_\_\_

Institution address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of review requested: (check one)

☐ Option 1: Approval of existing approved programs at an institution seeking an additional term of state board approval. Fee is \$500 for review of all programs.

☐ Option 2: Approval of proposed new program or programs at an institution without any approved programs. Fee is \$500 for review of all programs.

☐ Option 3: Approval of a proposed additional program or programs at an institution with approved programs. Fee is \$100 for review of each program, not to exceed \$500 per application.

☐ Option 4: Approval of a program that has achieved national accreditation. Fee is \$50 for each program to be reviewed, not to exceed \$250 per application.

Requested date for the review: \_\_\_\_\_

Alternative dates for the review: \_\_\_\_\_

# New Hampshire Department of Education

## Council for Teacher Education

Specify the program or programs for which approval is sought. Choose from those on the code list of endorsements at: [www.education.nh.gov/certification/documents/codelist.pdf](http://www.education.nh.gov/certification/documents/codelist.pdf)


1. Has your institution been evaluated by the New England Association of Schools and Colleges (NEASC)? \_\_\_\_\_

2. Will you authorize access to the NEASC self-study report and recommendations?  
\_\_\_\_\_

3. Has your institution been evaluated by a national accreditation agency such as CAEP, NCATE or TEAC? \_\_\_\_\_

If yes, please indicate which agency. \_\_\_\_\_

4. Will you authorize access to the national accreditation self-study report and recommendations? \_\_\_\_\_

In order to cover administrative costs, please submit a check for the appropriate amount made out to: Treasurer, State of New Hampshire. Return completed form with payment to Department of Education, Bureau of Credentialing, 101 Pleasant Street, Concord, NH, 03301. Questions, contact Lisa Kaim at 271-8049.

Signature of applicant requesting on-site review:

\_\_\_\_\_

Title of applicant: \_\_\_\_\_

Date: \_\_\_\_\_